

Case Number:	CM14-0212403		
Date Assigned:	01/02/2015	Date of Injury:	08/23/2002
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68 year old female with date of injury 08/23/02. The treating physician report dated 10/28/14 (54) indicates that the patient presents with pain affecting her low back. The patient describes the pain as aching, sharp, and radiates down the legs. The severity of the pain without medication is 8/10 average. The pain is improved with medication. The physical examination findings reveal in the lumbar spine that the ROM is abnormal at 45 degrees of true flexion, 10 degrees of extension, 14 degrees of right lateral flexion, 15 degrees of left lateral flexion, 10 degrees of right rotation, and 10 degrees of left rotation. Patient had pain with lumbar ROM testing. There is no tenderness to palpation over the bilateral lumbar paraspinals, bilateral thoracic paraspinals, lumbar facet joints, or bilateral SI joints. The current diagnosis is: 1. Lumbosacral spondylosis without myelopathy. The utilization review report dated 12/5/14 (84) denied the request for Gabapentin based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 400mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: The patient presents with low back pain and pain that radiates down the legs. The current request is for Gabapentin 400mg #90. The treating physician states that the patient is taking Gabapentin 300mg cap(s) p.o. b.i.d. three times a day and that the pain is improved with medication usage. The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. In this case the patient has been prescribed this medication since at least 09/03/14. The treating physician has documented that the medication helps decrease the pain but there is no documentation of function with the usage of this medication. The MTUS guidelines on page 60 require documentation of pain and function when medications are prescribed for chronic pain. The current request is not supported by the MTUS guidelines based on the documentation provided. Recommendation is for denial.